

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-002911

AMENDED

Registration District No. 257
FILED JAN 18 1962

Primary Registration District No. 4389 Registrar's No. 1

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Linn		Length of stay in lb Life	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At his home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LEON Middle RICHARD Last CAMPBELL		4. DATE OF DEATH Month January Day 6 Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/10/1884
9. AGE (last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Black-smith and farming	
10b. KIND OF BUSINESS OR INDUSTRY self		11. BIRTHPLACE (City and state or country) Linn Mo	
13a. FATHER'S NAME Allen W Campbell		13b. MOTHER'S MAIDEN NAME Mahalia Glover	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Mrs Roy Jones Ball Hill Rd Jefferson City	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		12. CITIZEN OF WHAT COUNTRY USA	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Linn Mo		20g. COUNTY Osage	
21. I attended the deceased from 12-10-58 to 1-7-62 and last saw her alive on 1-3-62 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Deputy or title) W. M. Frydland	
22b. ADDRESS 507 E. 1st St. Linn Mo		22c. DATE SIGNED 1-8-62	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		23b. DATE 1/8/62	
23c. NAME OF CEMETERY OR CREMATORY Linn Memorial cemetery		23d. LOCATION (City, town, or county) Linn Mo	
24. FUNERAL DIRECTOR Clyde Morton		25. DATE RECD. BY LOCAL REG. 1-8-62	
26. REGISTRAR'S SIGNATURE Mrs. Clyde Morton			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Hermon M. Manton*

Licensed Embalmer No. *4125*

P. O. Address *Linn, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.